

COPY

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIAJASON TRAVIS STEVENSBox AThomaston Me 04861

Name of Plaintiff(s)

v.

Hawk-Sawyer et als

Name of Defendant(s)

1 : CV-01-0907

Civil Case No.

Judge

(Number and Judge to be
assigned by court)APPLICATION TO PROCEED IN FORMA PAUPERIS

PLEASE READ CAREFULLY AND FULLY COMPLETE EACH SECTION.

1. ☒ I am willing to pursue my claims in this action under the new provisions of The Prison Litigation Reform Act, understanding that pursuing my claim requires payment of a partial filing fee and deduction of sums from my prison account when funds exist until the filing fee of \$150.00 has been paid in full.
 2. on file I have enclosed an executed Authorization form which authorizes the Institution holding me in custody to transmit to the Clerk a certified copy of my trust account for the past six (6) months as well as payments from the account in the amounts specified by 28 U.S.C. §1915(b).
 3. Have you, prior to the filing of the complaint in this action and while a prisoner as that term is defined in 28 U.S.C. § 1915(h), brought 3 or more actions or appeals in a court of the United States that were dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted? Yes _____ No ☒
- (a) If the answer is "yes," are you now seeking relief because you are under imminent danger of serious physical injury?
Yes _____ No _____

- (b) Please explain in detail why you are under imminent danger of serious physical injury:

4. (a) Are you presently employed at the Institution? Yes ____ No ☒
(b) If yes, what is your monthly compensation? \$ 0
5. Do you own any cash or other property; have a bank account; or receive money from any source? Yes ☒ No ____

If the answer is "yes" to any of the above, describe each source and the amount involved.

Mother sends \$15 or \$20 once in a great
while for postage and personal hygiene
items. That's all.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on May 15, 2001
(Date)

Jason Travis Stevens
(Signature of Plaintiff)

This certification is executed pursuant to Title 28, United States Code, Section 1746.

UNITED STATES DISTRICT COURT
CNTL. District of ~~PA~~ PENN.

Jason T. STEVENS

Plaintiff

Kathleen v.

Hawkes - Sawyer

Defendant

**APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT**

Case Number:

APPLICANT: IF YOU ARE INCARCERATED, PLEASE NOTE THAT YOU MAY BE REQUIRED TO PAY THE ENTIRE FILING FEE EVEN IF THE COURT GRANTS THIS APPLICATION. AFTER REVIEWING THIS APPLICATION, THE COURT MAY ORDER YOU TO PAY A PARTIAL FEE. FURTHER PAYMENTS FROM YOUR ACCOUNT MAY BE FORWARDED TO THE COURT BY YOUR INSTITUTION.

I, JASON STEVENS, declare that I am the party seeking relief in the above-entitled action; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. § 1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief I am seeking in this action.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (if "No" go to Question 2)

Where are you incarcerated? USP Allenwood

Are you employed at this institution? ☐ Yes ☒ No

Do you receive any payment from this institution? ☐ Yes ☒ No

IMPORTANT: Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet, if available, from the institution(s) of your incarceration showing at least the past SIX MONTHS' transactions.

2. In the past 12 MONTHS, have you received any money from any of the following sources?

Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Rent payment, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes" describe each source of money and state the amount received AND what you expect you will continue to receive.